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Bib Data Sheet

CONFIRMATION NO. 8045

<b>SERIAL NUMBER</b> 09/678,486	<b>FILING DATE</b> 10/04/2000 <b>RULE</b>	<b>CLASS</b> 264	<b>GROUP ART UNIT</b> 1732	<b>ATTORNEY DOCKET NO.</b> 1652-11
<b>APPLICANTS</b> Geoffrey Thomas Andrews, Cambridge, UNITED KINGDOM; Robert Adam Snell, Newmarket, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/241,293 02/01/1999 PAT 6,156,254 WHICH IS A CON OF PCT/IB97/00956 08/01/1997				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 9616267.2 08/02/1996				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 11/20/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 18
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>INDEPENDENT CLAIMS</b> 12		
<b>ADDRESS</b> NIXON & VANDERHYE P.C. 1100 North Glebe Road, 8th Floor Arlington, VA 22201-4714				
<b>TITLE</b> Balloon catheter				
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	